



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF FIRE PREVENTION
ADMINISTRATIVE SERVICES SECTION
PERMITS AND LICENSES UNIT
500 JAMES ROBERTSON PARKWAY, THIRD FLOOR
NASHVILLE, TN 37243-1159
PHONE (615) 741-1322 FAX (615) 741-1583**

The following procedures are necessary to qualify for licensing as an Explosives Handler:

1. Submit a completed application with a check or money order made payable to the Department of Commerce and Insurance, in the amount of forty-five dollars (\$45.00) to this office. **Only fifteen dollars (\$15.00) of the application fee is non-refundable**
2. A license will not be issued without a completed application on file.
3. No person shall be eligible for registration who is not at least twenty-one (21) years of age.
4. No person shall be eligible for registration who does not understand, speak and write the English language.
5. Certify, by means of the applicant's signature, knowledge of storage, security and accountability regulations established by applicable statutes, rules, and adopted standards, pursuant to Rule 0780-2-15-.03 (4) (c).

Requirements for 3 Year Renewal of Explosives Handlers:

1. Submit a renewal form with a check or money order for \$30.00 made payable to the Department of Commerce and Insurance.

Certificate of Registration shall expire three (3) years following the date of issuance or renewal and is invalid on that date unless renewed.

A late fee of twenty-five dollars (\$25.00) will be assessed for renewing after your registration expires. If you have not renewed your registration prior to one (1) year after it expires, you must begin the application process anew to obtain registration.

2. Each Handler must submit an application with his/her signature.
3. If a license has lapsed for a period of more than one (1) year, the individual must reapply for a license and meet all requirements for licensure.

It is the responsibility of the licensee to notify this office of all address changes, including change of employer, to ensure licensure renewals are received in a timely manner.

PLEASE NOTE: The website address for Explosives Laws and Rules is:
www.tennesseeanytime.org/laws/laws



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HANDLER'S APPLICATION
FOR
EXPLOSIVES USER'S REGISTRATION

Registration Fee: \$30.00 (3 Years)
Application Fee: \$15.00 (This is a non-refundable application fee)
Total Fees Due: \$45.00

NOTE: PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO DEPARTMENT OF COMMERCE AND INSURANCE

Handler's Full Name _____

Home Address _____
(Street Number, or R.F.D. and P.O. Box)

City _____ State _____ Zip _____ County _____

Home Telephone # () _____ Business Telephone # () _____

Fax # () _____

Handler's Social Security # _____ - _____ - _____ Date of Birth _____ / _____ / _____
(Month/Day/Year)

Federal Permit # _____ Company Registration # _____

Blasting Firm You Are Currently Employed By _____

Address _____
(Street Number, or R.F.D. and P.O. Box)

City _____ State _____ Zip _____ County _____

Are you a U. S. Citizen? Yes _____ No _____

According to Tenn. Code Ann. § 68-105-106(d), "[n]o person shall be eligible for registration who does not understand, speak and write the English language." Do you meet these requirements? Yes _____ No _____

I hereby apply for a registration employee identification card as a user of explosives subject to Tennessee Code Annotated, Title 68, Chapter 105, and by my signature I certify knowledge of storage, security and accountability regulations established by applicable statutes, rules, and adopted standards.

(Signature of Person Making Application)

(Date)

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE

The personal information requested on this form is required of all individuals who engage in any phase of blasting operations pursuant to Tennessee Code Annotated Title 68, Chapter 105.

Have you ever been convicted of a crime punishable by imprisonment for a term exceeding one (1) year? Yes____No____. If there has been such a conviction, please attach an explanation. Include: (1) date, (2) charge, (3) place, (4) court, and (5) action taken.

Do you suffer from mental or physical impairment that would interfere with the safe handling of explosives? Yes____ No____. If yes, please attach an explanation.

I have answered all the above questions truthfully. I am aware that if I have given any false information, it may result in the denial or revocation of my explosive blaster's/limited blaster's/handler's registration. I am aware that if I violated any explosives law or regulation, or if I have violated or have been charged with, or convicted of any explosive law or regulation previously, this may result in the denial or revocation of my explosive blaster's/limited blaster's/handler's registration.

Signature of Applicant_____ Printed Name_____

Date_____

IT IS THE RESPONSIBILITY OF THE LICENSEE TO NOTIFY THIS OFFICE OF ALL ADDRESS CHANGES, INCLUDING CHANGE OF EMPLOYER, TO ENSURE LICENSURE RENEWALS ARE RECEIVED IN A TIMELY MANNER.



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CONTINUING EDUCATION HOURS CLAIMS RECORD---COMPLETE THE FOLLOWING FORM AND SUBMIT TO THE PERMITS AND LICENSING UNIT WITHIN 30 DAYS AFTER COMPLETION OF THE COURSE.

NAME OF LICENSEE _____ SOCIAL SECURITY # _____

ADDRESS: _____

CITY/ST/ZIP _____

EMPLOYER: _____

DAY TIME PHONE # _____ FAX # _____ E-MAIL ADDRESS _____

TYPE OF LICENSE THAT LICENSEE CURRENTLY HOLDS: _____ LICENSE # _____

TYPE AND TITLE OF EVENT ATTENDED

SEMINAR/CONFERENCE: _____

OTHER: _____

DATE OF EVENT: _____

LOCATION OF EVENT: _____

HAS THIS EVENT BEEN PREAPPROVED FOR CONTINUING EDUCATION HOURS BY THE STATE FIRE MARSHAL'S OFFICE? YES: _____ NO: _____

IF THIS COURSE HAS NOT BEEN APPROVED IN ADVANCE BY THE STATE FIRE MARSHAL'S OFFICE YOU MUST ALSO SUBMIT AN AGENDA, OUTLINE OF THE COURSE, A BIOGRAPHY OF THE INSTRUCTOR AND ANY ADDITIONAL INFORMATION REQUESTED BY THE COMMISSIONER OR HIS OR HER AUTHORIZED REPRESENTATIVE AS NECESSARY FOR REVIEW OF THE COURSE.

TITLE(S) OF COURSE(S) OR SESSION(S) FOR WHICH CONTINUING EDUCATION HOURS ARE BEING CLAIMED, (ATTACH ADDITIONAL FORMS IF NECESSARY). NOTE: ALL INFORMATION ON THIS FORM MUST BE COMPLETED AND THE FORM MUST BE SIGNED BY THE INSTRUCTOR FOR CREDIT TO BE ISSUED.

| COURSE: # | TITLE | HOURS IN CLASS (LESS LUNCH AND BREAKS) | INSTRUCTOR'S SIGNATURE |
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I HEREBY CERTIFY THAT I ATTENDED THE EVENT AND/OR COURSE OF INSTRUCTION INDICATED ABOVE.

SIGNATURE: _____ DATE: _____

MAIL TO: DEPARTMENT OF COMMERCE AND INSURANCE, STATE FIRE MARSHAL'S OFFICE, PERMITS AND LICENSING UNIT, 3RD FLOOR, 500 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243-1159

